

## **OPEN PATIENT CARE UNIT**

### **FIELD OF THE INVENTION**

**[0001]** The present invention relates to an open patient care unit and pertains more particularly to a system, method and apparatus for having inner and outer air discharge channels extending parallel around the bed at least over some sections of the bed and at least one air  
5 exhaust or purgative suction unit arranged above the bed.

### **BACKGROUND OF THE INVENTION**

**[0002]** A care units with good access to the patient by the care providers are used especially in the field of neonatology, as an alternative or as a complement to incubators which are generally closed with a hood.

10 **[0003]** A patient care unit with a hood that can be lowered and with an air flow over the

bed is disclosed in US Patent No. 5,759,149, in which the point at which the air flow components meet and the site at which they are drawn off are generally separated in space and coincide only when the hood is closed. The switch-over between different operating states is associated with cooling of the patient in this prior-art care unit.

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## SUMMARY OF THE INVENTION

**[0004]** The primary object of the present invention is to provide an open patient care unit without a hood, while continuously ensuring a stable microclimate in terms of air humidity and air temperature for the patient, such that the microclimate is separated from the surrounding environment.

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**[0005]** The object is accomplished with the features of an open care unit having a bed with inner and outer air discharge channels extending parallel around the bed at least over some sections, and at least one air exhaust or purgative suction unit arranged above the bed, wherein the air exhaust channels are directed such that they converge toward the air exhaust unit. The ambient air delivered to the bed by a first fan is discharged from the outer air discharge channels.

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The air which is conditioned in terms of humidity and/or temperature and is delivered by means of a second fan from the air exhaust unit is discharged from the inner air discharge channels.

**[0006]** An essential advantage of the present invention arises from the fact that unlike in incubators, no hood is used at all, so that switching over between different operating states is not

necessary, and the patient is thus prevented from cooling down. On the other hand, the patient is continuously conditioned in terms of the air temperature and humidity over the bed and good access is at the same time ensured for the care providers.

**[0007]** Patient care units according to the present invention can be used not only for the open patient care for premature and newborn babies, but also for the heat therapy of patients in general, for the care of burn victims with loss of skin and associated loss of moisture as well as in the form of correspondingly designed operating tables for conditioning patients during a surgery.

**[0008]** The various features of novelty which characterize the invention are pointed out with particularity in the claims annexed to and forming a part of this disclosure. For a better understanding of the invention, its operating advantages and specific objects attained by its uses, reference is made to the accompanying drawings and descriptive matter in which preferred embodiments of the invention are illustrated.

## BRIEF DESCRIPTION OF THE DRAWINGS

**[0009]** FIG. 1 is a vertical sectional view taken along the central longitudinal axis of an open patient care unit according to the invention;

**[0010]** FIG. 2 is vertical sectional view taken at a right angle to the longitudinal direction of a bed of an open patient care unit according to the invention;

[0011] FIG. 3 is a vertical sectional view corresponding to FIG. 1 with an air exhaust or purgative suction unit 4 arranged eccentrically in relation to the bed 1;

5 [0012] FIG. 4 is a vertical sectional view corresponding to FIG. 1 with an air exhaust or purgative suction unit 4 arranged eccentrically offset above the bed 1 and another exhaust or purgative suction unit 44 arranged eccentrically offset above a longitudinal direction of the bed 1;

10 [0013] FIG. 5. is a vertical sectional view taken at a right angle to the longitudinal direction of a bed with two air exhaust or purgative suction units 14 positioned parallel to another longitudinal device (such as a radiant warmer or an X-ray unit) above the bed ; and

[0014] FIG. 6 is a top view of a bed with four air exhaust or purgative suction units positioned parallel to all sides of the bed.

## DESCRIPTION OF THE PREFERRED EMBODIMENTS

15 [0015] Referring to the drawings in particular, the open patient care unit according to Figure 1 has an elongated bed 1 for accommodating a patient. Air, which is warm and humid in relation to the ambient air, is blown out obliquely inwardly and in a convergent flow from inner air discharge channels 20 extending on each side over at least some sections on all four sides of

the bed 1. This air has an inner air flow 2 and this air generates a microclimate that is favorable for the patient in the area on and above the bed 1. A second, outer, likewise converging air flow 3 is delivered in parallel or quasi in parallel to the inner air flow 2 from outer air discharge channels 30 extending at least over some sections on each side of the bed 1. This outer air flow 3 has, in general, a higher velocity than the inner air flow 2 and is relatively cooler and drier, corresponding to the temperature and the relative humidity of the ambient air. The combined air flows 2, 3 therefore comprise a plurality of layers. To improve the stability of the combined air flows 2, 3, these air flows may also be composed of more than two layers with different temperatures and velocities.

[0016] An air exhaust or purgative suction unit 4, which returns especially the warm air from the bed 1 via the inner air line 5 with the fan 6 and the heating and humidifying means 7 in a closed cycle by means of a swirling flow exhaust, is arranged above the bed 1. The reheated and humidified inner air flow 2 is finally discharged again from the inner air discharge channels 20, and the outer air flow 3 is delivered by means of a second fan 8 into the outer air discharge channels 30. The opening 19 is optionally used to release excess air from the inner air circulation into the environment. The air exhaust unit 4 may have different variations. In the simplest case it is a slotted tube 9 (see also Figure 2), which extends in the longitudinal direction above the bed 1. The tube 9 is arranged according to this embodiment such that the air is drawn in tangentially via a slot 10 extending along the tube 9. An axial air swirl 11 is formed in the interior of the air exhaust or purgative suction unit 4, and this air swirl rotates with increasing speed in the direction of the central axis 12 and generates a spiral tubular flow, while the air mass

concentrates on the center line of the tube. An exhaust guide 13, which leads to the fan 6 bringing about the exhaust, is provided centrally at the end of the tube 9.

**[0017]** The air exhaust or purgative suction unit 4 may also be located eccentrically offset over the bed 1 in order not to hinder the X-raying of the patient on the bed 1. This special arrangement is also suitable for additionally heating the patient with a heat radiator or to irradiate him with a phototherapy unit.

**[0018]** If a plurality of air exhaust or purgative suction units 4 are used, these may be arranged, in general, in parallel to the longitudinal direction of the bed 1. As an alternative or in addition, exhaust or purgative suction units 4 may be arranged each above one or both shorter sides of the bed 1, so that four such means are present at most above the bed 1. Each of these possible arrangements are discussed in more detail below.

**[0019]** Figure 3 shows another variant of the open patient care unit with an exhaust or purgative suction unit 4 arranged eccentrically offset above the bed 1. The exhaust or purgative suction unit 4 extends according to Figure 3 above a long side and in parallel to the longitudinal axis of the bed 1, but it may also extend, as an alternative, above and in parallel to one of the shorter sides of the bed 1. The air flow can be stabilized by a vertical wall 29, so that the air flows 2, 3 may be optionally done away with on the wall side at least in some sections.

**[0020]** The velocities of flow of the air flows 2, 3 are in the range of 10 cm to 80 cm per

sec, and the ratio of the velocity of the inner air flow 2 to that of the outer air flow 3 ranges from about 2:1 to 3:1. The inner air flow brings about the maintenance of the microclimate above the bed 1 with warm and humid air with temperatures of up to 39°C and relative humidities of up to 85%. The outer air flow 3 consists of relatively cool and dry air corresponding to the ambient  
5 air.

**[0021]** Present invention also provides an opportunity for an improved air turbulence and improved energy efficiency. For instance, if the outer discharge channels supply gas which do not correspond to the ambient air, but rather an air that has lower air temperature and reduced air velocity than the inner discharge channel, but still higher temperature and higher air velocity than  
10 the ambient air, this minimizes possibility of turbulence on the patient's bed and also minimizes energy losses as well.

**[0022]** Figure 4 shows another variant of the open patient care unit with an exhaust or purgative suction unit 4 arranged eccentrically offset above the bed 1 and another exhaust or purgative suction unit 44 arranged eccentrically offset above the bed 1. The exhaust or purgative  
15 suction unit 44 extends laterally, above a longitudinal side (i.e., a side extending in the longitudinal direction or long direction) of the bed 1. The exhaust or purgative suction unit 4 is arranged extending above a lateral side (i.e., a side extending in the lateral direction or short direction) above the bed 1. Instead of a single exhaust unit 4, plural exhaust units 4, 44 can be provided in various positions including one or more exhaust unit eccentrically offset above the  
20 bed 1. In the embodiment of Figure 4, the air flow can be stabilized by a vertical wall 29, so that

the air flows 2, 3 may be optionally done away with on the wall side at least in some sections.

**[0023]** Figure 5 shows another possible position for the exhaust or purgative suction unit.

Figure 5 shows a cross sectional view of two air exhaust or purgative suction units 14. These are positioned parallel to another longitudinal device (such as a radiant warmer or an X-ray unit)

5 above the bed, but out of the way of the other longitudinal device. The parallel arrangement of exhaust units and another longitudinal device may be positioned alongside the longitudinal side or the latitudinal side of the bed. Functionally, a radiant warmer or an X-Ray unit 15 could irradiate the patient lying on the bed, and the exhaust units would not hinder such function since the exhaust units are clear of the intervening space between the longitudinal device and the bed.

10 **[0024]** Another further embodiment of the present invention is shown in Figure 6, where four exhaust or purgative suction devices (17 and 18) are placed above the bed 16. Figure 6 shows a top view of a bed with two air exhaust or purgative suction units 17 positioned parallel to two shorter sides of the bed. Two additional air exhaust or purgative suction units 18 are positioned parallel to the two longer sides of the bed.

15 **[0025]** While specific embodiments of the invention have been shown and described in detail to illustrate the application of the principles of the invention, it will be understood that the invention may be embodied otherwise without departing from such principles.